Depression and Psychosocial Stressors in Older HIV Patients

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Comorbidities

- Good news: fewer people are dying of AIDS!
- Not-so-good-news: deaths from non-AIDS conditions continue.
- Most older adults with HIV also have other health conditions:
  - Hepatitis
  - Diabetes
  - High blood pressure
  - Non-AIDS cancers
  - Heart disease
Depression+HIV PUB MED Search
Older Adults Dominate HIV Epidemic: Needs Defined by Multi-site ROAH 2.0

- MAC AIDS Fnd
- NY Trust
- Gilead Pharm
- NYS AIDS Inst
- State of CA
- City of San Francisco
- Ryan White
- ACRIA

Bay Area
San Francisco and Oakland

Chicago
N=250

Minnesota

New York State
Small Urban Rural
N=400

New York City
Cornell Medical HIV and Geriatrics
N=360
New York City
N=500

Atlanta

Baltimore
D.C.
Older Women

Palm Springs

Los Angeles
ROAH: CES-D Symptoms of Depression

- Over 2/3 of the study group had moderate to severe depression
- Depression Causes Non-Adherence to ALL Medication Including HIV Meds
- Although in Medical Care Their Depression Remains Unmanaged
Number of Comorbidities in ROAH

NHANES
National Health and Nutrition Examination Survey

ROAH
Research on Older Adults with HIV
Proportion Living Alone: ROAH vs. Community-Dwelling NYC Elderly

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROAH HIV/AIDS</td>
<td>70%</td>
</tr>
<tr>
<td>ROAH NON-HIV</td>
<td></td>
</tr>
<tr>
<td>NYC Elderly 65+</td>
<td>39%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Recovery Status</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever enrolled in 12-step</td>
<td>62</td>
</tr>
<tr>
<td>Currently in recovery</td>
<td>54</td>
</tr>
<tr>
<td>No substance use in past 3 months</td>
<td>48</td>
</tr>
<tr>
<td>In recovery for more than 1 year</td>
<td>44</td>
</tr>
</tbody>
</table>
“It’s not easy being 50-plus and with HIV and being an African American transgender in society today. ... It’s hard and I have nobody to guide me through this journey at my age, you know; I don’t have nobody to do that.”
“I have nine brothers, and no support from anyone. I am alone. I take it all myself, everything. [The San Francisco AIDS] Foundation is my family. ….
Sometimes when I am not due I come and say, ‘Hi,’ and I go home happy.”
“From what I've seen, that's the biggest issue facing people with HIV: the fear of ending up on the street.”
“There are things that are worse than AIDS, like loneliness.”
## ROAH 2.0 Characteristics San Francisco

<table>
<thead>
<tr>
<th>ROAH 2.0 Participants</th>
<th>HIV+ Older Adults in SF</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td><strong>Age</strong></td>
</tr>
<tr>
<td>50-59</td>
<td>50-59</td>
</tr>
<tr>
<td>60-69</td>
<td>60-69</td>
</tr>
<tr>
<td>70+</td>
<td>70+</td>
</tr>
<tr>
<td>Not reported</td>
<td></td>
</tr>
<tr>
<td><strong>Percent</strong></td>
<td><strong>Percent</strong></td>
</tr>
<tr>
<td>56%</td>
<td>34%</td>
</tr>
<tr>
<td>9%</td>
<td></td>
</tr>
</tbody>
</table>
Physical Health

- 13% Excellent
- 45% Good
- 31% Fair
- 9% Poor
- 1% Very Poor
Co-Morbid Conditions

Count of Participants Who Reported Various Numbers of Health Conditions/Symptoms in Addition to HIV

- 0-3: 40
- 4-6: 50
- 7-9: 50
- 10-12: 30
- 13-15: 10
- 16-18: 5

Number of Participants Who Reports These #s of Co-Morbidities

Count of Conditions
Substance Use

Among Participants:

- 69% Currently drink alcohol
- 22% Currently use tobacco
Counts of ROAH 2.0 SF Participants Reporting Substance Use, Lifetime and Past 3 months

- Marijuana: 152
- Cocaine: 123
- Poppers: 115
- Methamphetamine: 106
- Opioids: 76
- Crack: 74
- Heroin: 37
- Methadone: 18

Numbers indicate the count of participants reporting substance use.
Self Report Mental Disorders

Percentage of ROAH 2.0 SF Participants Reporting Mental Disorders, Past Year

- Anxiety: 65%
- Depression: 62%
- Bipolar disorder: 12%
Sexual Abuse

Participants Reporting Childhood Sexual Abuse, Percent

<table>
<thead>
<tr>
<th>Type</th>
<th>Many times</th>
<th>A few times</th>
<th>Once</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fondling/forced touching</td>
<td>16%</td>
<td>18%</td>
<td>9%</td>
<td>57%</td>
</tr>
<tr>
<td>Rape/attempted rape</td>
<td>13%</td>
<td>16%</td>
<td>13%</td>
<td>58%</td>
</tr>
</tbody>
</table>

Legend:
- Many times
- A few times
- Once
- Never
PTSD

Percentage of ROAH 2.0 SF Participants Meeting Various Cut-Off Scores for PTSD

- Met cut-off used at specialized mental health clinics: 39%
- Met mid-level cut off used among veterans: 57%
- Met cut-off for PTSD used in civilian primary care: 70%
- Scored below cut-off for PTSD: 31%
I‘M STILL HERE
An AIDS Survivorship Program
We are assessing

PRE
- QoL
- Depression
- Social Supports
- and GOALS

POST
- 1-3 month follow-up
Mental Health = Good Health
UNDERSTANDING: MENTAL HEALTH
TRAUMA TOLERANCE & RESILIENCE
Depression is not a normal part of HIV. Depression is not an Inevitable Outcome.
Survivor Syndrome

- Dr. William G. Niederland, 1961
- Worked with 2,000 survivors of Holocaust camps, natural disasters, and automobile accidents.
- Symptoms included insomnia, nightmares, personality changes, depression, memory disturbances, anxiety, and guilt.
AIDS Survivor Syndrome

- Psychological state resulting from living through the AIDS epidemic
- Especially for people diagnosed in the ‘80s and ‘90s, when AIDS was considered a death sentence.
- Varies in intensity
- Affects each Long-Term survivor differently
- Can change over time

Adapted from Tez Anderson, Let’s KICKASS
The topics in this module are about what may happen, not what will happen.

Older adults with HIV may have greater risks, but much can be done to minimize those risks.

Treatment for HIV and for other conditions gets better every year.

Healthy aging with HIV is absolutely possible!
Risks for Comorbidities

- Substance Use
  - Tobacco
  - Substance Use History/Present
  - Alcohol – even moderate use

- General Health
  - Unsuppressed Viral Load
  - Little or No Exercise
  - Co-infections – HCV
  - Poor Nutrition
  - Food Scarcity
  - Obesity

- Mental Health
  - Cumulative Stress of Depression
  - Social Isolation
  - Loneliness
  - Not Working
  - Stigma
  - Sexual Minority
The way we think can influence how we feel
Managing does not mean to repress or suppress
Depression in Older Adults

- Sadness may not be a main symptom
- May be less likely to talk about it
- Tired, trouble sleeping, irritability
- Confusion or attention problems that can look like dementia
- Medical conditions such as heart disease can cause depressive symptoms
- Medications with side effects can be a cause or contribute to depression

Depression affects nearly 50% of Americans living with HIV.
Isolation & Loneliness

- Multiple losses
- Grief
- Loss of social supports
- Loss of friends and partners
- Loss of jobs
- Loss of health even though alive
- Family rejection & estrangement
- Stigma(s)
Adverse Childhood Experience (ACE)

- One of largest studies conducted to assess associations between childhood maltreatment & later-life health/well-being
- More than 17,000 individuals were studied
- Findings suggest ACE are major risk factors for leading causes of illness, death & poor quality of life in the United States


ADAPTED: CUCS Institute
Adverse Childhood Experiences (ACEs)  
1995-1997

17,000 participants: 2 out of 3 experienced at least 1; 1 out of 5, 3 or more

Has the child experienced:
1. Emotional abuse
2. Physical abuse
3. Neglect
4. Lack of support within family
5. Sexual abuse
6. Loss of parent
7. Domestic Violence
8. Substance abuse
9. Mental Illness
10. Incarceration of a parent

........................before the age of 18?
Trauma is...

- Helplessness in the face of a life-threatening or overwhelming event
- It stems from being left psychologically alone in unbearable emotional pain

Trauma can be caused by both

- **ACUTE** situations.
- **CHRONIC** situations.
How do Bodies and Brains React to Traumatic Events?

What other ways to we react to Traumatic Events?

Why yes, I'm a bit stressed.

Why do you ask?
Two parts of the brain are involved with trauma:

- Prefrontal Cortex
- Limbic System
Self-Compassion

Instead of asking:

What is wrong with me?

Ask:

What happened to me?
MENTAL HEALTH

EVERYONE HAS A RIGHT TO HAVE A PRESENT AND A FUTURE THAT IS NOT COMPLETELY DOMINATED AND DICTATED BY THE PAST

- KAREN SAAKVITNE
Objectives

- Recognize health issues for older adults with HIV.
- Understand conditions other than HIV.
- Discuss health risks for LTS.
- Define polypharmacy and its impact on LTS.
- State the importance of coordinated care.
- Identify personal strategies for improving health.
“There are things that are worse than AIDS, like loneliness.”
Thanking all the older adults who make our research possible

And thank you DORCAS